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COVER LETTER

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Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: J.M.R. Real Estate, Inc) .
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROм: Qing Wu Wei	
Name	(Printed or typed)
2165 NW Professional D	rive, Suite 201
Corvallis, OR 97330 City,	State & Zip
541-754-9162 Daytime T	elephone number
greatcheerwei@yahoo.co	OM

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the cor	NAME J.M.R. Real Estate, Inc.	•				
ARTICLE II PRINCIPAL OFFICE						
•	Principal street address		į	Mailing address, if differe	ent is:	
	165 NW Professional Dr., #201	_				
Ľ	orvaltis OR 97330			· · · · · · · · · · · · · · · · · · ·		
-						
ARTICLE III 1						
	nich the corporation is organized is:					
Real Estate In	ivestments					
					SEP.	
					经营 2	
ADDICE DE TO	CHADEC				."Q _	
The number of share	es of stock is: 1,000				<u> </u>	
THE HUMBON OF SHARK	23 01 300K IS. 1,000				. 영 국 :	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	<u> </u>				
Name and Tit	tle: Qing Wu Wei, President	_ Name ar	nd Title	:Ying Qin Tong Sec	cretary 6	
Address:	2100 NVV Projessional Urive, #201	_ Address	i:	Corvallis, OR 973	JIIdi DIIVE, #20 I	
	Corvallis, OR 97330	_		COIVANIS, OR STS		
		_				
	ile:	_ Name ar	nd Title			
Address:		_ Address	:			
		_			•	
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	ile:	_ Name ar	nd Title			
Address:		_ Address	:			
		-				
		_				
	<i>REGISTERED AGENT</i> <u>ida street address</u> (P.O. Box NOT acceptable) o	f the registe	rad one	nt is:		
Name:	Douglas B. Brown	i nie registe	aca age	iit i5.		
Address:	300 South Orange Avenue, #140	Ω				
	Orlando, FL 32801	_				
A DOLOI D IIII	TANCOPINADA MAD					
	INCORPORATOR ress of the Incorporator is:					
Name:	Matthew D. Larson					
Address:	1300 SW Fifth Avenue Suite 2300	ī				
	Portland, OR 97201-5630	_				
Havina heen name	d as registered agent to accept service of proces	s for the a	hove sta	nted corporation at the p	lace designated in	
this certificate, I am	familiar with and accept the appointment as reg	zistered age	nt and	agree to act in this capac	ity	
	Doubles B. Brown		_	<u> 7/</u>	23/11	
	Required Signature/Registered Agent				Date	
I submit this docum	nent and affirm that the facts stated herein are	e true. I an	n aware	that the false informati	on submitted in a	
	partment of State constitutes a third degree felon				•	
				. /	/ <i>)</i>	
_///	Required Signature/Incorporator			9/3	22/1/ Date	
	Required Signature/Incorporator				Date	